

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90069 047 \*\*\*150.00

**DOCUMENT # P03000135840**

1. Entity Name  
**9608 HONEY BELL CORPORATION**



Principal Place of Business  
**9608 HONEY BELL CIRCLE**  
**BOYNTON BEACH, FL 33437**

Mailing Address  
**9608 HONEY BELL CIRCLE**  
**BOYNTON BEACH, FL 33437**

40111654



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007 Chg-P CR2E0: 2006)

City & State

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

75 Additional Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYCE, DENNIS M ESQ.**  
**480 MAPLEWOOD DRIVE**  
**SUITE 5**  
**JUPITER, FL 33458**

Name **LAWRENCE SCHARFMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9608 Honey Bell Circle**  
**BOYNTON BEACH FL 33437**  
 City **FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent.

SIGNATURE

*Lawrence Scharfman* **LAWRENCE SCHARFMAN**

**4/28/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS               |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---------------------------------|---|---|
| TITLE<br>P                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>SCHARFMAN, LAWRENCE              |                                 | NAME  |   |
| STREET ADDRESS<br>9608 HONEY BELL CIRCLE |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br>BOYNTON BEACH, FL 33437   |                                 | CITY-ST-ZIP   |   |
| TITLE                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                     |                                 | NAME  |   |
| STREET ADDRESS                           |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                              |                                 | CITY-ST-ZIP   |   |
| TITLE                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                     |                                 | NAME  |   |
| STREET ADDRESS                           |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                              |                                 | CITY-ST-ZIP   |   |
| TITLE                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                     |                                 | NAME  |   |
| STREET ADDRESS                           |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                              |                                 | CITY-ST-ZIP   |   |
| TITLE                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                     |                                 | NAME  |   |
| STREET ADDRESS                           |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                              |                                 | CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further indicate on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

*Lawrence Scharfman* **LAWRENCE SCHARFMAN President 4/28/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

that the information of an officer or director Block 10 or Block 11 if

File Phone #